

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018848

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 147

Primary Registration District No. 4234

Registrar's No. 73

FILED MAY 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN IrontonLength of stay in 1b  
6 hrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Mary's HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
16 miles W of BellevueReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY

ESBY

MARTIN

## 4. DATE OF DEATH

Month

Day

Year

May 6 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Mar 1 1899

63

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

laborer

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (City and state or country)

Dillard Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

unknown

## 14. NAME OF HUSBAND OR WIFE

##

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Iron Co. Welfare Office Ironton Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Terminal bilateral bronchial pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

6 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-6-62 to 5-6-62 and last saw her alive on 5-6-62  
Death occurred at 1:45 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Ironton, Missouri

## 22c. DATE SIGNED

5-8-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

## 23b. DATE

5-8-62

## 23c. NAME OF CEMETERY OR CREMATORY

Keith Cemetery

## 23d. LOCATION (City, town, or county)

Goodland Mo.

(State)

## 24. FUNERAL DIRECTOR

White Funeral Home, Ironton Mo.

## 25. DATE RECD. BY LOCAL REG.

5-8-62

## 26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

0470

20470

3

4 0

5 0

6

7 0

8 2

9491X

10

11

12 1-0

13 1-0

Permit obtained 5-8-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Amely White*

Licensed Embalmer No. 3012

P. O. Address *San Antonio, Tex.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.